INTER-MINISTERIAL PROTOCOLS For the PROVISION of SUPPORT SERVICES TO SCHOOLS



Ministry of Education
Ministry of Children and Family Development
Ministry of Health
Ministry of Justice

2013

INTER-MINISTRY PROTOCOLS

The Government is committed to making British Columbia the best-educated, most literate jurisdiction on the continent and to promoting the optimal development, health, well being, and achievement of all children and youth across the province.

The Ministries of Children and Family Development, Education, Healthy Living and Sport, Health Services, and Public Safety and Solicitor General have developed the following protocols consistent with this commitment. The purpose of these protocols is to guide the coordination and delivery of support services to school-aged children across British Columbia.

These protocols replace the *INTER-MINISTERIAL PROTOCOLS FOR THE PROVISION OF SUPPORT SERVICES TO SCHOOLS* (1989). The attached protocols are hereby approved and agreed to this day of ___ .

James Gorman
Deputy Minister of Education and Minister Responsible for Early Learning and Literacy

Mark Sieben
Chief Operating Officer, Ministry of Children and Family Development

Grant Main
Deputy Minister of Healthy Living and Sport

John Dyble
Deputy Minister of Health Services

David Morhart
Deputy Solicitor General

TABLE OF CONTENTS

INTER-MINISTERIAL PROTOCOLS FOR THE PROVISION OF SUPPORT SERVICES TO SCHOOL-AGED CHILDREN

Background 1

Purpose 1

Scope 1

Review 2

Audiological Support Services 4

General School Health Services 11

School Environment and Health Inspection of Schools 16

Nursing Support Services for Children and Youth with Special Health Care Needs ... 19

Speech-Language Pathology Services 23

Educational Programs in Youth Custody Services Centres, the Maples Adolescent Treatment Centre and Court-Ordered Residential Attendance Programs 28

Educational Programs in In-Hospital, Hospital Outpatient or Residential Treatment Programs 35

Psychological Assessment Services for School-Aged Children 41

Services for Children and Youth with Mental Health Problems and Disorders and/or Substance Abuse Problems 47

Safe Schools 55

INTER-MINISTERIAL PROTOCOLS FOR THE PROVISION OF SUPPORT SERVICES TO SCHOOL-AGED CHILDREN

BACKGROUND

Services for school-aged children are supported and/or funded by the Ministries of Children and Family Development, Education, Healthy Living and Sport, Health Services and Public Safety and Solicitor General, but are delivered through the Ministry of Children and Family Development regions, Boards of Education and independent school authorities, Health Authorities or by local agencies. At times school-aged children receive services that cross the jurisdiction of more than one Ministry or Ministry-funded service. In these circumstances inter-ministry protocols are required so that services are provided in an accessible, understandable and co-ordinated manner.

PURPOSE

These inter-ministry protocols are intended to support and guide the co-ordinated delivery of effective-services to school-aged children by:

- establishing an agreed-upon range of services;
- clarifying the roles and responsibilities;
- establishing a process for the regular review of the protocols; and
- identifying a dispute resolution process.

SCOPE

The protocols apply to services, funded and/or delivered by the Government of British Columbia, that support school-aged children at school or in their homes and communities. For the purposes of the protocols, school-aged children are defined in the School Act (Part 1 section 1 (1) and Part 2 section 3 (1) and the *Independent School Act* (Section1 subsection 2).

REVIEW

Each protocol will be reviewed every five years. Any signatory to these protocols can ask for a review of a protocol before the end of the five year term.

PRINCIPLES

The following principles have guided the development of the protocols. They are also intended to assist in their implementation, review and resolution of disagreements between Ministries and/or Ministry funded service providers.

1. Child Centred Approach

Support services will be co-ordinated to respond to the strengths and needs of children and youth. Children and youth will be involved in decision making consistent with their developmental abilities.

2. Focus on Learning, Health and Development

Support services will be planned and delivered to optimize the learning, health and development of children and youth.

Services will promote health, be preventative or be provided early in order to increase the likelihood of positive outcomes for children and youth.

Support services will promote inclusion so children and youth with special needs can be fully participating members of their schools and communities.

3. Family Focused Approach

Support services will recognize the key role parents/guardians and families have in optimizing learning, health and development of their children. They will be involved in planning and decision making for their children.

4. Respect for Diversity

Support services will be planned and delivered in a manner that respects community diversity. (e.g., race, ethnicity, gender, age, ability, culture, ancestry, language, religious beliefs, sexual orientation or socio-economic background).

5. Co-ordinated and Effective

Support services, including transitions, will be planned collaboratively and delivered in an integrated manner.

Support services will be planned and implemented based on evidence (knowledge and research).

6. Commitment to Collaboration

Protocol partners or service providers will strive to be collaborative in their provision of services to children and youth.

7. Dispute Resolution

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of these protocols. In accordance with the principles that underpin these protocols, dispute resolution will take place as close as possible to the community where the services are being provided.

Rarely will disagreements need to be raised beyond those outlined in the local agreements. Should dispute resolution become necessary at a regional level, a dispute resolution framework is included within each protocol. The framework is based on the principles of administrative fairness and due process.

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education, the Ministry of Children and Family Development and the Ministries of Health Services and Healthy Living and Sport (through Health Authorities).

REGARDING THE FOLLOWING SERVICES:

AUDIOLOGICAL SUPPORT SERVICES

I. Background:

Hearing loss can create a communication barrier and present obstacles to children's opportunities to achieve the goals of education. Comprehensive planning is needed to ensure that children entering school with a pre-identified hearing loss are seamlessly supported from a technical and educational perspective to attain educational goals. While identification of hearing loss is preferable before a child reaches school age, it is imperative that a well integrated approach be in place for identification, assessment, monitoring, and intervention services for school-aged children with hearing loss. Moreover, a well integrated approach to support services for school-aged children requires effective cross-ministry and cross-agency communications systems and cooperation to be in place.

The Ministry of Education, the Ministry of Health Services, the Ministry of Healthy Living and Sport, the Ministry of Children and Family Development, Boards of Education/participating independent school authorities, schools, Health Authorities and parents work collaboratively to raise awareness about the causes and the implications of hearing loss. They work collaboratively to develop and implement support services and education programs that address the social and academic needs of school-aged children with hearing loss. Key service providers involved may include, but are not limited to, audiologists, teachers of the deaf and hard of hearing, speech-language pathologists, specially trained teachers' assistants, and sign-language interpreters.

Equipment and services provided in the home, community, and school need to be co-ordinated to facilitate a seamless service for school-aged children and their families. In regions, the process for how school district/independent school authorities and health authority staff work together to provide audiology services should be collaboratively developed.

'Audiology services' covered in this protocol includes identification, assessment/diagnostic, monitoring, and intervention services where cross-ministry coordination, communication and collaboration are required to ensure a quality service to school-aged children.

As of April 1, 2010, all audiologists must be registered with the *College of Speech and Hearing Professionals in British Columbia*, and will be expected to adhere to their roles and responsibilities as defined in the *Speech and Hearing Health Professions Regulation 413/2008* and the College bylaws.

II. Children Served:

School-aged children who are deaf or hard of hearing enrolled in and attending:

- public schools;
- participating Group 1 and 2 independent school authorities.

III. Services Provided:

Boards of Education, participating independent school authorities, Health Authorities, and the Ministry of Children and Family Development and where applicable, Delegated Aboriginal Child and Family Services Agencies will co-ordinate the following services:

- a regional process for sharing of information and coordination of audiology services that is collaboratively developed, and includes an agreement with respect to assistive listening equipment;
- raise the awareness in all school-aged children and their families about hearing health and healthy lifestyle choices to prevent hearing loss;
- audiology assessment by an audiologist for school-aged children identified as having, or suspected of having, a hearing loss;
- provision of information from audiology assessments to inform the planning of education programs or services in compliance with the *Freedom of Information and Protection of Privacy Act*;
- access for all school-aged children with an educationally significant hearing loss to an education program that addresses their needs;
- access for all school-aged children with an educationally significant hearing loss to amplification and assistive listening equipment as needed;
- training for school personnel in the appropriate use and application of hearing aids and assistive listening equipment; and
- coordination of equipment and services during periods of transition (into school, between schools, and into adult services.

IV. Obligations of each Ministry:

The Ministry of Education

- The Ministry of Education provides services through Boards of Education, participating independent school authorities, and the Provincial Resource Program-Auditory Outreach;

- The Ministry of Education provides supplementary special needs funding and delegates responsibility to Boards of Education/participating independent school authorities for special education supports for school-aged children enrolled in their schools (students) who have educationally significant hearing loss[1];

- To be eligible for supplemental funding for students who are deaf or hard of hearing, Boards of Education/participating independent school authorities must provide the services of qualified teachers of the deaf and hard of hearing, as outlined in the *Special Education Services: A Manual of Policies, Procedures and Guidelines;*

- The Ministry of Education requires Boards of Education/participating independent school authorities to refer students who may have an educationally significant hearing loss to medical practitioners or audiologists for a needs assessment to determine if they require assistive listening equipment;

- Boards of Education/participating independent school authorities must design an Individual Education Plan (IEP) for students with educationally significant hearing loss as soon as possible after the student is identified as being a student with special needs by the board/participating independent school authority, and must provide learning activities in accordance with the IEP;

- The Ministry of Education provides funding for the acquisition and maintenance of a set list of assistive listening equipment in schools to support students with educationally significant hearing loss in cases where the health authority audiologist's assessment and recommendations confirm the need for equipment. Procedures for this provision are provided in Ministry of Education *Special Education Services: A Manual of Policies, Procedures and Guidelines.* Agreements on how equipment is delivered and fitted will be developed regionally;

- The Ministry of Education will maintain the set list of assistive listening equipment and make this set list available to the health authority audiologist for selection;

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[1] For the purposes of this protocol, 'educationally significant hearing loss' is defined in the Ministry of Education *Special Education Services: A Manual of Policies, Procedures and Guidelines*

- The *Manual of Policies, Procedures and Guidelines* is kept current, outlining the process for access, maintenance, returns, and liability for assistive listening equipment (often referred to as auditory training equipment);
- Boards of Education/participating independent school authorities will work collaboratively with health authority personnel to support school-aged children with hearing loss; and
- Boards of Education/participating independent school authorities will follow the best practices of the Board of Hearing Aid Dealers for the monitoring of remote microphone hearing assistance technology (link pending).

The Ministry of Health Services and the Ministry of Healthy Living and Sport

- The Ministry of Health Services and Ministry of Healthy Living and Sport provide funding and/or policy direction to Health Authorities and delegates responsibility to the Health Authorities for audiology services. Health Authorities will:
    - provide audiology assessment and diagnostic services;
    - provide audiological assessment information as appropriate to designated board of education/participating independent school authority personnel for use in planning support services in accordance with the *Freedom of Information and Protection of Privacy Act*;
    - provide hearing aid selection, fitting, verification, and monitoring services;
    - select assistive listening equipment from a set list of available equipment which is established and maintained by the Ministry of Education;
    - provide assessments, co-ordinate interdisciplinary follow up and cochlear implants through the BC Cochlear Implant program for children requiring and receiving cochlear implants;
    - work collaboratively with school personnel to support school-aged children with hearing loss; and
    - work collaboratively with Ministry of Education designated personnel to develop and implement regional or local agreements with Boards of Education/participating independent school authorities with respect to assistive listening equipment.
    - provide information to school communities regarding the prevention of hearing loss and hearing health promotion;

The Ministry of Children and Family Development

The Ministry of Children and Family Development (MCFD) provides the following through either the Children in Care Medical Benefits Program, the At Home Program or Provincial Services for the Deaf and Hard of Hearing:

Children in Care Medical Benefits Program and At Home Program:

- personal amplification devices, based on the results of an audiological assessment, for children in the care of a director under the *Child, Family and Community Services Act*; and for children and youth assessed as eligible for At Home Program Medical Benefits.

Provincial Services for the Deaf and Hard of Hearing:

- support services for families of school-aged children who are deaf, hard of hearing, or deafblind;
- transition planning for children and youth who are deaf, hard of hearing, or deafblind;
- contract early intervention services for children and youth who are deaf, hard of hearing, or deafblind to support their transition to school
- residential services for children who must live away from home in order to attend the British Columbia Provincial School for the Deaf;
- public education, information and referral regarding the development of children and youth who are deaf, hard of hearing, or deafblind; and
- information and referral to other services such as mental health, access services and social worker supports.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness[2] including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

Supporting Information:

- *Freedom of Information and Protection of Privacy Act*
  http://www.qp.gov.bc.ca/statreg/stat/f/96165_00.htm
- *School Act*
  http://www.qp.gov.bc.ca/statreg/stat/S/96412_00.htm
- Ministerial Order 149/89. Support Services for Schools Order.
  http://www.bced.gov.bc.ca/legislation/schoollaw/e/m149-89.pdf
- Special Education Services: A Manual of Policies, Procedures and Guidelines
  http://www.bced.gov.bc.ca/specialed/ppandg.htm
- College of Speech and Hearing Professionals in British Columbia
  http://www.health.gov.bc.ca/leg/notice/speech_and_hearing_health_professionals.html
- Board of Hearing Aid Dealers (until March 31, 2010)
  http://www.health.gov.bc.ca/leg/notice/board_of_hearing.html

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[2] These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – http://www.bced.gov.bc.ca/specialed/

- College of Speech and Hearing Professionals of BC
  http://www.cshhpbc.org
- Speech and Hearing Health Professionals Regulation 418/2008
  www.health.gov.bc.ca/leg/notice/speech_and_hearing_health_professionals.html
- *Child, Family and Community Service Act*
  http://www.qp.gov.bc.ca/statreg/stat/A/96006_01.htm

Approved and agreed to this _____ day of _____, 20____.

_____

James Gorman, Deputy Minister of Education and Early Learning and Literacy

_____

Mark Sieben, Chief Operating Officer, Ministry of Children and Family Development

_____

Grant Main, Deputy Minister of Healthy Living and Sport

_____

John Dyble, Deputy Minister of Health Services

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education, and the Ministries of Health Services and Healthy Living and Sport (through Health Authorities).

REGARDING THE FOLLOWING SERVICES:

GENERAL SCHOOL HEALTH SERVICES

I. Background:

Educators and all service providers recognize the strong relationship between a student's health and learning. Schools and qualified health professionals have a collective responsibility for promoting the healthy growth and development, and academic success of school-aged children.

To this end, it is appropriate practice for educators and health professionals to collaborate annually in developing a comprehensive plan for health services for students. Such a plan should include:

- ongoing commitment to ensuring an environment that promotes health and prevents disease or injury;
- identification of school health needs and priorities;
- delivery of services to meet those needs; and
- identification and support of students with health concerns.

Boards of Education and participating independent school authorities will work collaboratively with local health professionals in identifying the specific services to be delivered and included in the annual plan for delivery of health services.

II. Children Served:

School-aged children enrolled in and attending:

- public schools;
- participating Group 1 and Group 2 independent school authorities;
- band schools on First Nations Reserves (at the discretion of band school authorities)

Children and youth educated via home schooling are registered at local schools and informed of access to relevant school health services (e.g. school immunization programs).

III. Services Provided:

Boards of Education, participating independent school authorities, and Health Authorities will co-ordinate the following services:

- provision of health promotion and prevention services in schools to foster healthy school environments;
- documentation of relevant health information in student permanent records, in collaboration with parents/guardians, and consistent with privacy requirements (*Freedom Of Information and Protection of Privacy Act* (*FOIPPA); School Act,* section 79; *Independent School Regulation*, section 9; *Ministerial Order 14/91 Student Records Disclosure Order*)
- identification of children and youth with life-threatening medical conditions and establishment of safe plans of care;
- consultation with parents or guardians to facilitate the referral of children and youth to health services in the community;
- protection of school communities from communicable diseases through timely notification of identified reportable disease in students or school personnel, and delivery of the provincial Immunization Program for school-aged children (*Public Health Act, Health Act Communicable Disease Regulation)*;
- implementation of directives or advice from the Medical Health Officer (*School Act, sections 90, 91, and 92*); and
- screening and/or referral services to address identified health issues in children and youth as early as possible when difficulties could interfere with learning.

IV. Obligations of each Ministry:

The Ministry of Education

The Ministry of Education, through Boards of Education and participating independent school authorities will:

- inform parents/guardians of registered students about the provision of school health services including relevant privacy and information sharing in accordance with FOIPPA;

- provide and maintain a designated, private space in each school that can serve as a medical room for Public Health Nurses or other qualified health personnel to carry out their duties;

- establish and maintain policies, procedures, and staff training in order to ensure the safety of children and youth at risk of anaphylaxis and other life-threatening medical conditions (*Anaphylaxis Protection Order (232/07 amended by M234/09), School Act,* section 88);

- in collaboration with parents/guardians and health professionals, co-ordinate and facilitate the implementation, maintenance, and regular review of safe plans of care for children and youth with life-threatening medical conditions;

- provide to health professionals access to the health section of the student's Permanent Record in the event of a communicable disease outbreak, and for the provision of school health services such as recording or determining immunization status, life-threatening medical conditions, or other significant health problems (*School Act, section 79; Independent School Regulation, section 9: Ministerial Order 14/91 Student Records Disclosure Order*;); and

- monitor the implementation of required health curricula and initiatives.

The Ministry of Health Services and the Ministry of Healthy Living and Sport

The Ministry of Health Services and Ministry of Healthy Living and Sport provides funding and/or policy direction to Health Authorities and delegates responsibility to the Health Authorities for general school health services. Health Authorities will:

- provide health professionals to carry out school health promotion and prevention activities, and to support school personnel, parents and students in the establishment of safe plans of care for children and youth with life-threatening medical conditions;

- provide student health information to appropriate school personnel with the consent of the parent/guardian/student if the information is needed for maintenance of the health of a child or youth or for management of health issues that may interfere with a student's learning;

- facilitate referral, transitions and linkages to Nursing Support Services for children and youth with special health care needs, to support healthy participation and inclusion of these children in the school setting. If children and youth no longer require Nursing Support Services, collaborate with parent/guardian and school personnel to ensure development of safe plans of care at school;

- provide health screening programs for children and youth;

- collaborate with school personnel, the British Columbia Centre for Disease Control and other partners to provide policies, standards and guidelines for the investigation of communicable disease outbreaks; and
- provide protection to school-aged children and youth against preventable communicable disease though delivery of the Provincial Immunization Program.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness[3] including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

Supporting Information:

- School Act
  http://www.qp.gov.bc.ca/statreg/stat/S/96412_00.htm
- Independent School Regulation
  http://www.bced.gov.bc.ca/legislation/schoollaw/i/bcreg_262-89.pdf

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[3] These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – http://www.bced.gov.bc.ca/specialed/

- Anaphylaxis Protection Order
  http://www.bced.gov.bc.ca/legislation/schoollaw/e/m232-07.pdf
- Student Records Disclosure Order
  http://www.bced.gov.bc.ca/legislation/schoollaw/e/m14-91.pdf
- *Freedom of Information and Protection of Privacy Act*
  http://www.qp.gov.bc.ca/statreg/stat/f/96165_00.htm
- Health Act Communicable Disease Regulation
  www.bclaws.ca
- *Public Health Act*
  http://www.leg.bc.ca/38th4th/1st_read/gov23-1.htm

Approved and agreed to this _____ day of _____, 20____.

_____

James Gorman, Deputy Minister of Education and Early Learning and Literacy

_____

Grant Main, Deputy Minister of Healthy Living and Sport

_____

John Dyble, Deputy Minister of Health Services

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education and the Ministry of Healthy Living and Sport and the Ministry of Health Services (through Health Authorities).

REGARDING THE FOLLOWING SERVICES:

SCHOOL ENVIRONMENT AND HEALTH INSPECTION OF SCHOOLS

I. Background:

All public schools are inspected as needed to ensure the health and safety of students and employees.

II. Target:

All public school buildings

III. Services Provided:

This protocol is not intended to include those elements of building inspection which are the legal responsibility of municipal building inspectors or fire marshals.

Each board of education and school medical officer will co-ordinate the following services:

- inspection of a school following notification of a complaint;
- implementation of directives or advice from the school medical officer (*School Act, sections 90, Public Health Act).*

IV. Obligations of each Ministry:

The Ministry of Education (through Boards of Education) will:

- remedy, within a reasonable time frame, any deficiencies noted in an inspection report, based on the advice of the school medical officer; and
- raise concerns identified with the health and safety of school buildings with the Medical Health Officer.

The Ministry of Health Services and the Ministry of Healthy Living and Sport

The Ministry of Health Services and Ministry of Healthy Living and Sport provide funding and/or policy direction to Health Authorities and delegates responsibility to the Health Authorities for health inspection of schools. Health Authorities will:

- assign a school medical officer or designate for each school district;
- respond to concerns regarding the health and safety of a school building raised by the board of education or by the Minister of Healthy Living and Sport;
- report to the board of education and the Minister of Health Services/Healthy Living and Sport fully and in detail the results of all inspections and any recommendations;

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness[4] including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
  what parties should do if they cannot reach a resolution.

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[4] These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – http://www.bced.gov.bc.ca/specialed/

Supporting Information:

- Health Act Communicable Disease Regulation
  www.bclaws.ca
- *Public Health Act*
  http://www.leg.bc.ca/38th4th/1st_read/gov23-1.htm
- Food Premise Regulation
  http://www.hls.gov.bc.ca/protect/ehp_foodsafety.html
- *Food Safety Act*
  http://www.hls.gov.bc.ca/protect/ehp_foodsafety.html
- *Tobacco Control Act*
  http://www.health.gov.bc.ca/tobacco/violations.html

Approved and agreed to this 7 ***day of*** Oct, ***20*** 10.

James Gorman, Deputy Minister of Education and Early Learning and Literacy

Grant Main, Deputy Minister of Healthy Living and Sport

John Dyble, Deputy Minister of Health Services

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education and the Ministry of Children and Family Development.

REGARDING THE FOLLOWING SERVICES:

NURSING SUPPORT SERVICES FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

I. Background:

Nursing Support Services is part of a range of in-school health support intended to facilitate safe, consistent care and appropriate health support services for children and youth with special health care needs attending public and participating independent schools in British Columbia. The provision of this support promotes active, healthy participation and inclusion of children and youth with special health care needs in the school setting.

Children and youth with special health care needs may require a variety of support services including Nursing Support Services direct and delegated nursing care. Eligibility for Nursing Support Services is based on a nursing assessment.

II. Children Served:

School-aged children with special health care needs who require Nursing Support Services direct or delegated care that are enrolled in and attending:

- public schools;
- participating Group 1 and Group 2 independent school authorities.

III. Services Provided:

Provided that a parent/guardian and, when appropriate, the student, have consented, the Boards of Education, participating independent school authorities, the Ministry of Children and Family Development and where applicable, Delegated Aboriginal Child and Family Services Agencies through regional Health Authorities and contracted nursing agencies will co-ordinate the following services:

- consultation and collaboration among health care providers, educators, parents, students and relevant others concerning service planning, service delivery and monitoring of children and youth with special health care needs;

- nursing assessments of school-aged children with special health care needs to determine their eligibility for Nursing Support Services delegated or direct nursing care;

- individualized school health care plans based on a nursing assessment of the child or youth's health care needs and collaboratively developed with them and their families and involved health care providers, for children eligible for Nursing Support Services delegated or direct care;

- assessment, training, competency checks and monitoring of non-nurse school staff performing delegated nursing tasks when required, and in accordance with the *College of Registered Nurses of BC Practice Standard "Delegating Tasks to Unregulated Care Providers*"; and

- provision of direct nursing care for students identified by Nursing Support Services Coordinators, as having health care needs that are best addressed in this manner.

IV. Obligations of each Ministry:

The Ministry of Education

The Ministry of Education provides supplementary funding for special education through grants to Boards of Education and participating independent school authorities who are responsible for providing education programs for all school-aged children, including those who require Nursing Support Services. This may include providing school personnel to carry out health care support services.

The Ministry of Education through Boards of Education and participating independent school authorities will:

- identify and refer students with special health care issues to Nursing Support Services;

- obtain appropriate training of school personnel from Nursing Support Service Coordinators;

- facilitate appropriate training and monitoring of school personnel by Nursing Support Services Coordinators;

- provide access and space to allow for the safe provision of support services for students with special health care needs; and

- include Nursing Support Coordinators in a student's individual education planning (IEP) process when appropriate.

The Ministry of Children and Family Development will:

- contract with Health Authorities and nursing agencies for the delivery of Nursing Support Services, including direct and delegated nursing care for school-aged children who are eligible for Nursing Support Services; and
- provide policy and guidelines for the provision of Nursing Support Services.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness[5] including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

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[5] These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – http://www.bced.gov.bc.ca/specialed/

Supporting Information:

- Practice Standard Delegating Tasks to Unregulated Care Providers
  http://www.crnbc.ca/downloads/429.pdf
- Assigning and Delegating to Unregulated Care Providers
  http://www.crnbc.ca/downloads/98.pdf

Approved and agreed to this 7 ***day of*** OCT. **, 20** 10**.**

James Gorman, Deputy Minister of Education and Early Learning and Literacy

Mark Sieben, Chief Operating Officer, Ministry of Children and Family Development

BETWEEN:

The Ministry of Education, the Ministry of Children and Family Development, and the Ministries of Health Services and Healthy Living and Sport (through Health Authorities).

REGARDING THE FOLLOWING SERVICES:

SPEECH-LANGUAGE PATHOLOGY SERVICES

I. Background:

Since the early 1970's, speech-language pathology services for school-aged children in public schools have been provided within the school system, as a part of the special education services provided by Boards of Education. In the late 1980's, the provincial government reviewed ministry mandates for providing speech-language pathology services and confirmed that the Ministry of Education and Boards of Education would retain responsibility for speech-language pathology services for children and youth of school age enrolled in public schools.

Speech-language pathology is defined in the *Speech and Hearing Health Professions Regulation 413/2008* as "the health profession in which a person provides, for the purposes of promoting and maintaining communicative health, the services of assessment, treatment, rehabilitation and prevention of speech, language and related communication disorders and conditions, and vocal tract dysfunction, including related feeding and swallowing disorders."

Ministerial Order 149/89 indicates "A board of a school district shall provide speech-language therapy services for students of school age who attend a school in the district and whose education is adversely affected by oral communication difficulties." Communication difficulties are referred to in this protocol as communication disorders.

In some circumstances, the Ministry of Children and Family Development provides additional speech-language pathology services for school-aged children who qualify for such programs as Autism Funding or the At Home Program.

Speech-language pathology services for children younger than school age fall within the mandate of the Ministry of Children and Family Development and the Ministry of Healthy Living and Sport and are provided by speech/language pathologists working throughout the province in public health centres and contracted community agencies. To avoid disruption, services need to be organized as to promote joint planning, collaboration, and sharing of information when these children make the transition to school.

In some cases, communities may elect to consolidate resources provided by the Ministry of Children and Family Development, Boards of Education, participating independent school authorities, and regional Health Authorities, establishing local agreements for community speech-language pathology positions.

As of April 1, 2010, speech-language pathologists must be registered with the *College of Speech and Hearing Professionals in British Columbia*, and will be expected to adhere to their roles and responsibilities as defined in the *Speech and Hearing Health Professions Regulation 413/2008* and the College Bylaws.

II. Children Served:

School-aged children with suspected or confirmed communication disorders enrolled in and attending:

- public schools;
- participating Group 1 and Group 2 independent school authorities;
- band schools on First Nations Reserves (at the discretion of Band School authorities).

III. Services Provided:

Boards of Education, participating independent school authorities, regional Health Authorities, the Ministry of Children and Family Development, and where applicable, Delegated Aboriginal Child and Family Services Agencies will co-ordinate the following services:

- joint planning and collaboration among educators, parents, and speech-language pathologists during periods of transition (into school, between schools, and into adult services);
- identification and assessment of communication disorders;
- consultation and collaboration among educators, parents, and relevant others concerning the identification, assessment, service planning, service delivery and monitoring, and evaluation of services for children and youth with communication disorders;
- provision of training and support to school staff, parents and caregivers to foster the attainment of students' communication goals through classroom activities and in other environments;
- provision of ongoing individualized therapy or group therapy for children and youth identified as having communication disorders that are best addressed in this manner;
- planning and monitoring of tasks assigned to teaching assistants or paraprofessionals to support children and youth with communication disorders; and

- communication and collaboration between school and community service providers to support consistent plans of therapy across settings.

IV. Obligations of each Ministry:

Shared Planning

Policies and guidelines of all three ministries will encourage shared planning and a collaborative and co-ordinated approach that supports the needs of school-aged children. Privacy and information sharing policies for assessment, planning and intervention are in accordance-with the *Freedom of Information and Protection of Privacy Act (FOIPOP)* and the *School Act, section* 79.

The Ministry of Education:

- provides funds to Boards of Education and participating group 1 and 2 independent school authorities as part of the per pupil allotment, to support the provision of speech-language services; and

- has legislation, policy and guidelines regarding Boards of Educations' provision of speech language pathology services through Ministerial Order and the *Special Education Service: A Manual of Policies, Procedures and Guidelines.*

The Ministry of Children and Family Development:

- contracts the delivery of the Early Intervention Therapy Program and has policy and guidelines for the provision of these services, including speech-language pathology services for children younger than school age with special needs and individualized transition plans for children entering school *Early Intervention Therapy Program Guidelines;* and

- provides funds for specialized therapies which may include speech-language pathology services for school-aged children who are eligible for Autism Funding, the Community Brain Injury Program and/or the At Home Program School Aged Extended Therapies, in addition to those available though Boards of Education and participating independent school authorities.

The Ministry of Health Services and the Ministry of Healthy Living and Sport:

- provide funding and/or policy direction to Health Authorities and delegates responsibility to the Health Authorities for speech and language services.

Health Authorities will:

- provide public health speech-language pathology services, and individualized transition plans for children entering school. These plans will be developed in consultation with parents, educators and school-based speech-language pathologists.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness[6] including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

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[6] These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – http://www.bced.gov.bc.ca/specialed/

Supporting Information:

- *Freedom of Information and Protection of Privacy Act*
  http://www.qp.gov.bc.ca/statreg/stat/f/96165_00.htm
- *School Act*
  http://www.qp.gov.bc.ca/statreg/stat/S/96412_00.htm
- Ministerial Order 149/89. Support Services for Schools Order.
  http://www.bced.gov.bc.ca/legislation/schoollaw/e/m149-89.pdf
- Special Education Services: A Manual of Policies, Procedures and Guidelines
  http://www.bced.gov.bc.ca/specialed/ppandg/toc.htm
- Speech and Hearing Health Professionals Regulation 413/2008
  www.health.gov.bc.ca/leg/notice/speech_and_hearing_health_professionals.html
- Ministry of Children and Family Development: Programs for children and youth with special needs
  http://www.mcf.gov.bc.ca/spec_needs/

Approved and agreed to this _____ day of _____, 20____.

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James Gorman, Deputy Minister of Education and Early Learning and Literacy

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Mark Sieben, Chief Operating Officer, Ministry of Children and Family Development

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Grant Main, Deputy Minister of Healthy Living and Sport

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John Dyble, Deputy Minister of Health Services

PROTOCOL AGREEMENT

BETWEEN:

Ministry of Education and Ministry of Children and Family Development.

REGARDING THE FOLLOWING SERVICES:

EDUCATIONAL PROGRAMS IN YOUTH CUSTODY SERVICES CENTRES, THE MAPLES ADOLESCENT TREATMENT CENTRE AND COURT-ORDERED RESIDENTIAL ATTENDANCE PROGRAMS

I. Background:

Throughout the province, the Ministry of Children and Family Development establishes programs to serve the non-educational needs of school-aged students. Some of these take place in residential settings, including youth custody services centres, the Maples Adolescent Treatment Centre and court-ordered residential attendance programs. The Ministry of Education is required by its mandate to provide educational programs for students in these settings.

II. Target Population:

Children and youth of school age in youth custody services centres, the Maples Adolescent Treatment Centre and court-ordered residential attendance programs.

III. Services Provided:

- assessment
- accommodation for instruction
- therapy, counseling and rehabilitation
- instruction in accordance with the standards of the public school system, with adaptations to meet the requirements of the residential environment or special learning needs of the student.

IV. Obligations of each Ministry:

A. Establishment of a new program or expansion/reduction of an existing program

Ministry of Children and Family Development

- This Protocol Agreement is a revision of the original 1987 Protocol Agreement. Upon its execution, this Protocol Agreement is intended to replace the 1987 protocol agreement.

- Prior to establishing, expanding or reducing any program in a custodial or residential setting, the Ministry of Children and Family Development will consult with the Ministry of Education regarding any plans for development or significant changes to the facilities or operations of these programs. This consultation will occur as soon as planning for new or changes to existing facilities or programs are under way and should include information about location, projected capacity, timing, and nature of the population to be served. Potential impact on the educational program and resource requirements should be determined collaboratively.

- The superintendent (or designate) of the board of education which will be ultimately responsible for the supervision and delivery of the instructional program will be informed by the involved executive director (or designate) of the intention of the Ministry of Children and Family Development to establish, expand or reduce the custody services centre(s) or residential program(s) within the board's boundaries.

- The respective superintendent (or designate) will be afforded the opportunity to review the proposal and to comment, orally or in writing, to the Ministry of Children and Family Development. Sufficient lead time will be provided to enable budgeting and staff recruitment procedures to meet the requirements of educational mandates.

Ministry of Education

- The Ministry of Education will, by an order of the Minister, establish a provincial resource program (a "school") in every youth custody services centre and arrange for its operation through the appropriate board of education to provide educational programs to persons of school age, and will ensure an educational program is made available to young persons in the Maples Adolescent Treatment Centre and in court-ordered residential attendance programs.

B. Operation of ongoing programs

Ministry of Children and Family Development

- The Ministry of Children and Family Development will be responsible for provision and maintenance of appropriate classroom space and other suitable school facilities, furniture and fixtures, and will provide access to equipment and machinery that otherwise would be in place for youth custody services centres, the Maples Adolescent Treatment Centre or court-ordered attendance programs and is considered necessary to deliver an appropriate educational program.

- The Ministry of Children and Family Development will be responsible for providing any materials that would normally be provided by a parent in a public school.

- The Ministry of Children and Family Development will be responsible for the health and safety of the students on site and, within the limits of its operational responsibility, the health and safety of educational staff.

- The Ministry of Children and Family Development will be responsible for the provision of necessary measures of security, including any extraordinary behaviour management or control measures required.

- The Ministry of Children and Family Development will be responsible for the prompt notification to school officials of all students eligible for the educational program, and provision of pertinent information about each student necessary to deliver an effective, and where necessary, individual education program.

- The Ministry of Children and Family Development will be responsible for the provision of summer services, which may include requests of Boards of Education that they provide summer programs on a fee for service basis through agreements with the Ministry for Children and Family Development.

- The Ministry of Children and Family Development will be responsible for ensuring policy and procedures are in place to maintain liaison and coordination with the educational program.

- The Ministry of Children and Family Development will be responsible for the solicitation, screening and training of volunteers, who may be made available to the education program at the discretion of the board of education.

Ministry of Education

- The Ministry of Education will be responsible through local Boards of Education for the development and delivery of educational programs, in accordance with the School Act, related Regulations and Ministerial Orders. Costs of instructional personnel, educational equipment and materials, professional development of teaching staff, and staff and student travel necessary to carry out the instructional program will be the responsibility of the Ministry of Education.

- The Ministry of Education will provide funding to the Ministry of Children and Family Development for summer programs, consistent with the Memorandum of Understanding between the Ministry of Education and the Ministry of Children and Family Development dated May 10, 2004.

- The Ministry of Education, through local Boards of Education, will assure that a high standard of educational assessment is carried out upon entry to youth custody services centres, the Maples Adolescent Treatment Centre and court-ordered residential attendance programs, and that counseling and educational planning based on that assessment takes place for the duration of the placement.

- The Ministry of Education, through local Boards of Education, will assure that an evaluation of the effectiveness of the educational programs is carried out on a regular basis to ensure programs continually examine, improve and report on their growth and achievement in relation to the Goals of Education, the Principles of Learning, the Attributes of the Public School System and select features of quality schools agreed upon by educational partners.

- The local board of education will register promptly all students legally required, otherwise compelled, or interested in attending school while in youth custody services centres, the Maples Adolescent Treatment Centre and court-ordered residential attendance programs.

- The local board of education will be responsible for administration and will arrange for the assignment, supervision and evaluation of its employees as required by the School Act.

- The local board of education will be responsible for liaison and coordination with schools from which the youth originated or to which the youth may be released.

- The instructional program shall operate in accordance with the School Calendar Regulation that regulates the minimum number of hours and days of instruction in educational programs that a board of education must offer to students each year.

- Levels of instructional services will be determined by the ratio of one teacher for every eight (8) beds, including beds for remanded youths. The ratio will be calculated according to the Ministry of Children and Family Development rated operational resource capacity of the youth custody services centre and each court-ordered attendance program.

- Levels of instructional services for the Maples Adolescent Treatment Center will be based on previously established staffing levels and the estimated total annual enrolment in the educational program in the preceding school year

- The school district administrator or the school district superintendent (or designate) responsible, will afford the director of the youth custody services centre or manager of the Maples Adolescent Treatment Centre or manager of the court-ordered attendance program an opportunity to review and comment on the budget submissions for the program

- In the preparation of any budget submissions for the school program, the director of the youth custody services centre or manager of the Maples Adolescent Treatment Centre or manager of the court-ordered attendance program will be afforded an opportunity to review the budget proposals and to comment, orally or in writing, to the school district administrator and/or the school district superintendent responsible for the school program.

- A comprehensive, individualized educational assessment will be carried out and an Individualized Educational Plan, where required, will be developed within ten (10) school days of each youth's entry to the educational program.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness[7] including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

Approved and agreed to this _____ day of _____, 20____.

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James Gorman, Deputy Minister of Education and Early Learning and Literacy

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Mark Sieben, Chief Operating Officer, Ministry of Children and Family Development

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[7] These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – http://www.bced.gov.bc.ca/specialed/

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education, the Ministry of Children and Family Development, and the Ministry of Health (through Health Authorities)

REGARDING THE FOLLOWING SERVICES:

EDUCATIONAL PROGRAMS IN IN-HOSPITAL, HOSPITAL OUTPATIENT OR RESIDENTIAL TREATMENT PROGRAMS

I. Background:

Throughout the province, the Health Authorities and the Ministry of Children and Family Development and where applicable, Delegated Aboriginal Child and Family Services Agencies establish in-hospital, hospital outpatient or residential treatment programs to serve the non-educational needs of school-aged students. The Ministry of Education provides educational programs for students in these settings if their health or treatment circumstances allow them to benefit from learning activities.[1] The impact on the educational program and resource requirements will be determined collaboratively between the relevant ministries. Any changes to existing school programs must be negotiated between the relevant ministries prior to actions being taken.

II. Children Served:

Children and youth of school age in in-hospital, hospital outpatient or residential treatment programs.

III. Services Provided:

[1] The educational programs operate as school alternatives in order that students may continue their learning while in in-hospital, hospital outpatient, or residential treatment programs. School programs have been located in hospitals where the majority of students are not ordinarily resident in the school district in which the hospital is located and or have been established with the mutual agreement of the Ministries identified in this protocol. School programs in-hospital, hospital outpatient or residential treatment programs include the following: Victoria General Hospital School Program, BC Children's Hospital School Program, BC Children's Hospital Eating Disorder Day Treatment Program, Prince George Regional Hospital Program, GF Strong Rehabilitation Centre School Program, Sunny Hill Centre for Children School Program, Nenqayni Wellness Treatment Centre, Daughters & Sisters School Program, Waypoint School Program, Peak House School Program, Kackaamin Family Development Centre School Program, and Spirit Bear Centre School Program.

- educational programs for school-aged students in an in- hospital, hospital outpatient, or residential setting with a Provincial Resource Program who are expected to be in the hospital for a period of five (5) days in length or longer to commence two (2) school days from the student's admission date, as is psychologically/cognitively appropriate. Where reasonable and feasible, a school-aged youth admitted for a period of less than five (5) days may be accommodated in an educational program;

- assessment relative to educational programming;

- consultation regarding health problems and disorders, treatment and school-based strategies, and supports in these particular sites;

- therapy, counseling and rehabilitation in these particular sites;

- instruction in accordance with the standards of the public school system, with accommodations to meet the requirements of the hospital or residential treatment program environment or special needs of the student; and

- sharing of relevant information required in order to plan and carry out a student's educational program in accordance with the policy and legislative requirements of each ministry, board of education/independent school authority, and health authority and the respective legislation governing each area.

IV. Obligations of each Ministry:

All partners will develop joint/collaborative management agreements at the local level in alignment with the principles of this protocol within 18 months of the signing of this protocol.

A. Establishment of a new program or expansion of an existing program

The Ministry of Health (through Health Authorities), the Ministry of Children and Family Development and where applicable, Delegated Aboriginal Child and Family Services Agencies will:

- consult with the Ministry of Education prior to establishing, expanding or making significant changes to any program in an in-hospital, hospital outpatient, or residential setting with a Provincial Resource Program. This consultation will occur as soon as planning for new facilities or changes to existing facilities are under way and should include information about location, projected capacity, timing, and nature of the population to be served;

- inform the Superintendent (or designate) of the board of education which may be ultimately responsible for the supervision and delivery of the instructional program about the intention to establish, expand or make significant changes to the program within the board of education's boundaries; and

- afford the Superintendent (or designate) the opportunity to review the proposal and to comment, orally or in writing, to the relevant ministry. Sufficient lead time will be provided to enable budgeting and staff recruitment procedures.

The Ministry of Education (through its partner Boards of Education) will:

- by an order of the Minister, establish a Provincial Resource Program (a "School") in an in-hospital, hospital outpatient or residential treatment program and arrange for its operation through the appropriate board of education to provide educational programs to persons of school age whose health or treatment circumstances allow them to benefit from learning activities; and

- the Superintendent (or designate) will work with the hospital administrators in the development of programs/ staffing model suitable to the facility and patient population.

B. Operation of ongoing programs

The Ministry of Health (through Health Authorities) and Ministry of Children and Family Development will:

- provide and maintain appropriate classroom space and other suitable school facilities, furniture and fixtures, and provide access to equipment and machinery that otherwise would be in place for hospital or residential treatment programs and is considered necessary to deliver an appropriate educational program;

- provide any materials that would normally be provided by a parent in a public or independent school;

- be responsible for ensuring a healthy and safe environment for the students on site and, within the limits of its operational responsibility, the health and safety of all staff;

- promptly notify school officials responsible for the education program (the "school") of all students who will be in the hospital or residential treatment programs for five (5) days or more and therefore eligible for the educational program, and provide pertinent information about each student necessary to deliver an effective, and where necessary, individual education program and transition back to the student's community and the school system;

- be responsible for ensuring policy and procedures are in place to maintain liaison and coordination with the educational program;

- be responsible for the recruitment, screening and training of any volunteers, who may be made available to the education program at the discretion of the board of education;

- share information regarding services available;

- consult regarding health problems and disorders, treatment and school-based strategies, and supports in these particular sites, and
- provide therapy, counseling and rehabilitation in these particular sites.

The Ministry of Education (through its partner boards of education) will:

- provide funding to boards for instructional personnel, educational equipment and materials, professional development of teaching staff, and staff necessary to deliver an appropriate education program;
- provide funding based on the ratio of one teacher for every ten students or less served in the hospital or residential treatment program education program (a "school"). The ratio will be calculated according to the average daily enrolment of the hospital or residential treatment programs education program;
- liaise and co-ordinate with schools from which the student originated or to which the student may be returning, including transition planning and monitoring;
- review educational needs of individual students upon entry to in an in-hospital, hospital outpatient, or residential setting with a Provincial Resource Program in order to provide instruction during their stay in the program;
- develop individualized educational programs for students involved in extended stays or repeat visits to hospital or residential treatment programs or while in treatment;
- appoint a member of the education program staff to maintain liaison and coordination with the hospital or residential treatment program; and
- bring issue(s) to the attention of the respective ministries for discussion and resolution.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will

adhere to the principle of Commitment to Collaboration described in section 6 (p.3) and to the principles of administrative fairness[2] including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias, and within existing financial constraints of the signatories.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

Supporting Information:

- *Freedom Of Information and Protection of Privacy Act*
  http://www.oipc.bc.ca/legislation/FIPPA/Freedom_of_Information_and_Protection_of_Privacy_Act(May2008)
- *School Act*
  http://www.bced.gov.bc.ca/legislation/schoollaw/revisedstatutescontents.pdf
- Special Education Services: A Manual of Policies, Procedures and Guidelines
  http://www.bced.gov.bc.ca/specialed/ppandg.htm
- *Child, Family and Community Services Act*
  http://www.mcf.gov.bc.ca/child_protection/

Approved and agreed to this 11th day of April, 2013.



James Gorman, Deputy Minister
Ministry of Education

[2] These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – http://www.bced.gov.bc.ca/specialed/

Stephen Brown, Deputy Minister
Ministry of Children and Family Development

Graham Whitmarsh, Deputy Minister
Ministry of Health

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education, the Ministry of Children and Family Development and the Ministry of Health (through Health Authorities).

REGARDING THE FOLLOWING SERVICES:

PSYCHOLOGICAL ASSESSMENT SERVICES FOR SCHOOL-AGED CHILDREN

I. Background:

Psychological assessment can be undertaken for a range of purposes such as to help inform a diagnostic and or functional assessment, for the purpose of informing intervention/accommodations strategies, and/or to support school-aged children in their learning.

While a range of psychological assessment services is available through this protocol's signatory organizations, based upon eligibility criteria established by each ministry, it is understood by each organization that psychological assessment entails the seeking of evidence from many sources, and the realization that many factors impact human functioning. For the purpose of this protocol, the focus of the psychological assessment is school-aged children and their educational needs.

Identification, assessment, and planning services, including school-related psychological assessment services are provided to collect information about students' learning, development and/or functioning at school and to support school-aged children with the most effective programming possible.

In some cases, children enter the school system having already been assessed. In other cases, children and youth are assessed through a progressive process outlined in *Special Education Services: A Manual of Policies, Procedures and Guidelines*. This process begins in the classroom, with clear and systematic teacher observations and classroom assessment/testing, which teachers use to develop a detailed picture of a student's strengths and needs and to guide their instructional practice and planning. When more specialized information and support is needed, this requires further assessment by specialist teachers, speech-language pathologists, school counselors, and/or school psychologists.

In the case of medical/health related needs (e.g., autism spectrum disorder, fetal alcohol spectrum disorder, chronic health impairments, mental health disorders, hearing loss, vision loss), psychological assessment services for school-aged children require the involvement of health professionals or multi-disciplinary teams.

In the case of mental health problems and disorders and/or substance use problems, psychological assessment and mental health services are a component of Mental Health Services and are covered under the protocol "Services for Children and Youth with Mental Health Problems and Disorders and/or Substance Use Problems."

Psychological assessment can require the inclusion of information from a variety of sources depending on the scope and purpose of the specific evaluation. For this reason, Boards of Education, participating independent school authorities, the Ministry of Health, Health Authorities, the Ministry of Children and Family Development, and where applicable, Delegated Aboriginal Child and Family Service Agencies need to work collaboratively to promote the sharing of relevant information that is necessary for the psychological assessment.

Once a psychological assessment has been completed, school staff need access to pertinent information in order to determine the implications of the findings on the child's or youth's educational program and to plan services and instruction accordingly. Sharing of information, including for the purposes of transition, must be in accordance with the policy and legislative requirements of each ministry, and the legislation governing each area.

Psychologists employed by the Ministry of Health and the Ministry of Children and Family Development are required to follow legislative requirement of the *Health Professions Act* that mandates that psychologists practicing in British Columbia must be registered with their self-regulatory body (the College of Psychologists of British Columbia) and are expected to adhere to their roles and responsibilities as defined by the Psychologists Regulation 289/2008 and the College Bylaws. School Psychologists employed by boards of education are required to follow the practice standards of the British Columbia Association of School Psychologists. The exemption clause of the Health Professions Act permits these individuals acting in the course of employment by a board of education, a provincial, federal or municipal government or government agency, independent school authorities, or a francophone education authority, to practice psychology when qualifications in psychology are a condition of such employment.

II. Children Served:

School-aged children who have learning, behavioural or social-emotional difficulties related to their achievement in school, and who are enrolled in and attending:

- public schools;
- participating Group 1 and Group 2 independent school authorities;
- band schools on First Nations Reserves (at the discretion of band school authorities);
- Provincial Resource Programs.

III. Services Provided:

Boards of Education, participating independent school authorities, Health Authorities, the Ministry of Children and Family Development, and where applicable, Delegated Aboriginal Child and Family Services Agencies will co-ordinate the following identification, assessment and planning services:

- a range of psychological assessment services, including identification of strengths and needs, recommendations that inform accommodations to the instructional program for students who exhibit serious educational problems, and diagnosis as appropriate;

- specialized psychological assessment services that are beyond the scope of Boards of Education or participating independent school authorities (e.g., mental health services,[3] neuropsychology assessments, assessments for autism spectrum disorder, fetal alcohol spectrum disorder) with the informed consent of the parents and, if possible, the student; in accordance with the *Freedom of Information and Protection of Privacy Act;*

- sharing of psychological assessment information that is pertinent to the educational needs of the student, as necessary, and in accordance with the *Freedom of Information and Protection of Privacy Act (FOIPPA), Child, Family and Community Services Act (CFCSA),* the *School Act, and their respective regulations,* and consistent with the *Joint Educational Planning and Support for Children and Youth in Care: Cross Ministry Guidelines;*

- coordination of psychological assessment services across sectors where children and youth have multiple disabilities or dual diagnoses (e.g., developmental disabilities mental health services);

- identification of the essential characteristics of a suitable program for the student (e.g., methods of intervention, teaching strategies, learning strategies, program accommodations);

- the transfer of psychological assessment information as children transition into and out of school, as specifically authorized under, and in accordance with, the applicable legislation.

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[1] See *Services For Children and Youth with Mental Health Problems and Disorders and/or Substance Use Problems Protocol,*

IV. Obligations of each Ministry:

The Ministry of Education (through Boards of Education and participating independent school authorities) will:

- provide funding for school psychological assessment services to support the identification, diagnosis, and planning of educational needs of school-aged children;
- provide funding to employ school psychologists or psychologists directly or contract the services of a registered psychologist in private practice; and
- provide guidelines to Boards of Educations and participating independent school authorities through Ministerial Order and the *Special Education Service: A Manual of Policies, Procedures and Guidelines* for standards of practice in identification, assessment, and planning for children and youth.

The Ministry of Health (through Health Authorities) will:

- provide opportunities for regional and specialized assessment services (i.e., BC Autism Assessment Network/Complex Developmental Behavioural Conditions/Sunny Hill Hospital services for students for whom the diagnosis of Autism Spectrum Disorder or Fetal Alcohol Spectrum Disorder may be a likelihood) through clinical and hospital settings which serve children (within the context of the program mandates, eligibility criteria and local, regional and provincial delivery of healthcare services).

The Ministry of Children and Family Development (MCFD) will:

- arrange for necessary psychological assessment for children and youth in care when the purpose of the psychological assessment:
    - is required for a MCFD related reason only (e.g., the assessment of a child for the purpose of supporting an adoption placement decision); and
    - is required for needs other than supporting school-aged children in achieving the goals of their education programs.
- carry out these psychological assessments through existing governmental services or through contracts with psychologists in private practice, as appropriate.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of Commitment to Collaboration described in section 6 (p.3) and to the principles of administrative fairness[4] including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts without bias, and within existing financial constraints of the signatories.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

Supporting Information:

- Psychologists Regulation 289/2008
  http://www.healthservices.gov.bc.ca
- College of Psychologists of British Columbia
  www.collegeof psychologists.bc.ca
- British Columbia Association of School Psychologists
  www.bcasp.ca
- *School Act*
  http://www.bced.gov.bc.ca/legislation/schoollaw/revisedstatutescontents.pdf
- *Freedom of Information and Protection of Privacy Act*
  http://www.qp.gov.bc.ca/stratreg/stat/S/96412_00.htm
- Special Education Services: A Manual of Policies, Procedures and Guidelines
  http://www.bced.gov.bc.ca/specialed/ppandg/toc.htm
- *Child, Family and Community Services Act*
  http://www.qp.gov.bc.ca/statreg/stat/A/96006_01.htm
- Joint Educational Planning and Support for Children and Youth in Care: Cross-Ministry Guidelines
  http://www.bced.gov.bc.ca/specialed/joint_educational_planning_and_support_for_children_and_youth_in_care.pdf

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[2] These principles are included in the British Columbia Ombudsperson fairness Checklist. A template for dispute resolution is available on the Ministry of Education website at http://www.bced.gov.bc.ca/specialed/

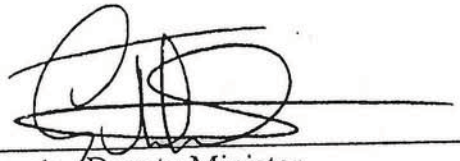
Approved and agreed to this 11 day of April, 2013.



James Gorman, Deputy Minister
Ministry of Education



Stephen Brown, Deputy Minister
Ministry of Children and Family Development



Graham Whitmarsh / Deputy Minister
Ministry of Health

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education, the Ministry of Children and Family Development, and the Ministry of Health (through Health Authorities).

REGARDING THE FOLLOWING SERVICES:

SERVICES FOR CHILDREN AND YOUTH WITH MENTAL HEALTH PROBLEMS AND DISORDERS AND/OR SUBSTANCE USE PROBLEMS

I. Background:

Mental health and well-being is essential for all children and youth to thrive and meet their potential. To support the mental health needs of children and youth in British Columbia, a range of services for promotion, prevention and treatment is necessary and should be determined by local needs and resources.

When children or youth experience problems or disorders related to mental health and/or substance use, a coordinated and collaborative approach is necessary. Children and youth with mental health problems and disorders and/or substance use problems have the best chance for being successful when they are supported to remain in their families, schools and communities. Regardless of the location of treatment, it is essential that contact be maintained, and information shared, as appropriate, between the services, families, and the school to ensure an effective program.

In a minority of instances, residential treatment or short-term hospitalization may be necessary. Such placements should not unduly disrupt the student's educational program. Transfer of relevant information, as specifically authorized under, and in accordance with, the applicable legislation, when residential treatment or short-term hospitalization are necessary, and the development of a plan for transition back into the school system at an appropriate point in the treatment, are essential elements of support for children and youth with mental health problems and disorders and/or substance use problems.

If children or youth place either themselves or others at risk of harm, service providers will work collaboratively to provide a response most appropriate to the potential level of risk.

The Ministry of Education provides a wide range of district, school and classroom services and supports for children and youth with mental health problems and disorders and substance use problems, including school counseling. The role of school counselors is to identify students who require referral for mental health or substance use intervention, make referrals and provide school-related support and services as appropriate, provide counseling on school-related issues, and co-ordinate school-based

consultation on student needs and strategies for support. Their role does not involve treatment of mental health problems or disorders and/or substance use problems.

The Ministry of Children and Family Development (MCFD) provides community-based and residential mental health services for children and youth with mental health problems and disorders, including those with co-occurring problems such as substance use problems, developmental disabilities, or involvement in the justice system, and their families. The mental health staff of MCFD work collaboratively with children and youth, families, schools and other service providers.

The Ministry of Health, through Health Authorities, provides an array of community and specialized hospital-based services for school-aged children with mental health problems and disorders and/or substance use problems, and their families.

II. Children Served:

School-aged children requiring mental health and/or substance use services and supports enrolled in and attending:

- public schools;
- participating Group 1 and Group 2 independent school authorities;
- band schools on First Nations Reservations (at the discretion of Band School Authorities);
- hospitals, residential treatment, day treatment.

III. Services Provided:

Boards of Education, participating independent school authorities, Health Authorities, the Ministry of Children and Family Development, and where applicable, Delegated Aboriginal Child and Family Services Agencies will co-ordinate the following supports and services:

- collaborative implementation of evidence based school-based programs and services to promote mental health and reduce the risk or impact of mental health problems and disorders and/or substance use problems for children, youth, and families/caregivers;
- a collaborative approach to reducing the risk for suicide;
- consultation regarding mental health problems and disorders, substance use problems, treatment and school-based strategies, and support;

- school or community-based child, youth and/or family-specific treatment and support services such as individual, family or group therapy, skill development and practice, and psychiatric or psychological assessment and services;
- participation of involved professionals in school-based meetings regarding children and youth with mental health problems and disorders and/or substance use problems and their families or caregivers;
- school programs for children and youth in attendance at facility-based care and treatment programs and inpatient psychiatric hospital programs;
- transition plans, in consultation with the child, youth and their families or caregivers, and relevant professionals; and
- relevant information-sharing in accordance with the policy and legislative requirements of each ministry, board of education/independent school authority, and health authority and the respective acts governing each area. (*e.g., Freedom of Information and Protection of Privacy Act, School Act, Infants Act, Mental Health Act, Child and Family Community Services Act, Youth Criminal Justice Act, and Criminal Code of Canada).*

IV. Obligations of each Ministry:

The Ministry of Education (through its partner Boards of Education and participating independent school authorities) will:

- provide funding to school programs for students with severe emotional and social adjustment difficulties under the Funding Allocation System;
- make available appropriate school personnel, including school counselors and school psychologists, for consultation regarding school-based accommodations and support for children and youth with mental health problems and disorders, and/or substance use problems;
- provide the clinical staff of MCFD and Health Authorities with access to key information contained in pupil files in accordance with the policy and legislative requirements of each ministry and the respective legislation governing each area;
- where a provincial resource program (a "school") has been established, or is intended to be established, with the mutual agreement of the Ministry of Education, the Ministry of Children and Family Development, and/or the appropriate health authority, the Ministry of Education, through its partner Boards of Education will:
    - provide instructional personnel, educational equipment and materials, and professional development of teaching staff necessary to deliver an appropriate education program;

- carry out educational assessment of individual students upon entry to a treatment facility or hospital, that supports educational planning and support for the duration of the placement;
- evaluate the effectiveness of educational programs on a regular basis to evaluate, improve and report on student growth and achievement;
- liaise and co-ordinate with schools from which the student originated or to which the student may be returning;
- determine the levels of instructional services by the ratio of one teacher for every ten students served in a provincial resource program (a "school");
- develop individualized educational plans, where required, prior to completion of involvement in the educational program; and
- maintain school contacts for the sharing of relevant information to mental health and substance use professionals working in treatment centres or hospitals, as specifically authorized under, and in accordance with, the applicable legislation, when a student is receiving treatment in a treatment facility or hospital, and for the development of a plan for transition of students back into the school system at an appropriate point in the treatment.

The Ministry of Children and Family Development will:

- accept and acknowledge referrals for students initiated by children or youth, their families/caregivers, or by others, such as school personnel working with the child or youth, when the child, youth or parent endorse the referral;
- conduct an initial screening and intake process to ascertain appropriateness of referral and level of risk;
- assist in the referral process to the most appropriate services available, when the child or youth would be best served by another service;
- provide community-based child and youth mental health assessment and treatment services for children and youth and their families who avail themselves of the services;
- provide mental health assessment and treatment, to youth who have become involved in the justice system;
- provide consultation to schools regarding school-based accommodations and support for students with mental health problems and disorders;
- participate in the development of a plan for transition of students back into the community and school system at an appropriate point in the treatment;

- work collaboratively with other services providers as appropriate; and
- in some cases, provide 24-hour facility based care, assessment, treatment and outreach services for specific youth with complex mental health problems and disorders, and youth under the jurisdiction of the Review Board established under the Criminal Code of Canada who are found to be unfit to stand trial, or not criminally responsible due to a mental disorder.

The Ministry of Health, (through Health Authorities) will:

- provide the following services to school-aged children, within the context of local, regional, specialized and tertiary delivery of healthcare services, with problems or disorders related to mental health and/or substance use problems:
    - acute care psychiatric assessments through hospital services, including emergency services for children and youth experiencing a psychiatric crisis;
    - community-based substance use treatment services for youth with significant substance use issues;
    - specialized inpatient units and outpatient services for children and youth with mental health disorders requiring stabilization, and/or intensive assessment and treatment;
    - provincial specialized assessment and treatment services (e.g., neuropsychiatric, eating disorders) where the complexity of a child or youth's condition suggests such services are required beyond local and regional specialized assessment services; and
    - dual diagnosis services for youth with both a developmental disability and mental health problems and disorders. (see Planning Guidelines for Mental Health & Addiction Services for Children, Youth & Adults with Developmental Disability regarding roles/functions of various community partners responsible to provide services to these youth)
- participate in crisis and/or threat assessment in collaboration with other community partners as resources/expertise allow

The Ministry of Children and Family Development and the Ministry of Health (through Health Authorities) will:

- where a provincial resource program (a "school") has been established or is intended to be established related to children and youth with mental health problems and disorders and/or substance use problems, the Ministry of Health Services through Health Authorities, or the Ministry of Children and Family Development will:

- consult with the Ministry of Education regarding any plans for establishing, expanding or reducing any acute care program for children and youth in a treatment facility or hospital as soon as planning for new or changes to existing facilities or programs are under way including information about location, projected capacity, timing, and nature of the population to be served. Potential impact on the educational program and resource requirements are determined collaboratively;

- inform the superintendent (or designate) of the board of education responsible for the supervision and delivery of the instructional program about the intention to establish, expand or reduce an acute care program for children and youth in a treatment facility or hospital within the board of education/participating independent school authority's boundaries, and provide sufficient lead time to enable budgeting and staffing procedures to meet the requirements of educational mandates;

- provide and maintain appropriate classroom space and other suitable school facilities, furniture and fixtures, and provide access to equipment that otherwise would be in place for treatment programs and is considered necessary to deliver an appropriate educational program;

- provide any materials that would normally be provided by a parent in a public or independent school;

- promptly notify school officials responsible for the provincial resource program (the "school") of all students eligible for the educational program, and provide pertinent information about each student necessary to deliver an effective, and where necessary, individual education program, in accordance with the applicable legislation; and

- maintain school contacts for the transfer of relevant information as specifically authorized under, and in accordance with the applicable legislation, and participate in the development of a plan for transition of students back into the community and the school system at an appropriate point in the treatment.

- provide urgent response upon request of a board of education or participating independent school authority as determined by local agreement.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness[1] including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias and within existing financial constraints of the signatories.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

Supporting Information:

- *Freedom of Information and Protection of Privacy Act*
  http://www.oipc.bc.ca/legislation/FIPPA/Freedom_of_Information_and_Protection_of_Privacy_Act(May2008)
- *School Act*
  http://www.bced.gov.bc.ca/legislation/schoollaw/revisedstatutescontents.pdf
- Special Education Services: A Manual of Policies, Procedures and Guidelines
  http://www.bced.gov.bc.ca/specialed/ppandg/toc.htm
- *Infant's Act*
  http://www.qp.gov.bc.ca/statreg/stat/I/96223_01.htm
- *Youth Criminal Justice Act*
  http://www.canada-justice.net/eng/pi/yj-jj/repos-depot/pdf/60100000.pdf
- *Mental Health Act*
  http://www.qp.gov.bc.ca/statreg/stat/M/96288_01.htm
- *Child, Family and Community Services Act*
  http://www.qp.gov.bc.ca/statreg/stat/A/96006_01.htm

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[1] These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – http://www.bced.gov.bc.ca/specialed/

- *The Criminal Code of Canada*
  http://www.efc.ca/pages/law/cc/cc.html
- Planning Guidelines for Mental Health & Addiction Services for Children, Youth & Adults with Developmental Disability
  http://www.health.gov.bc.ca/library/publications/year/2007/MHA_Developmental_Disability_Planning_Guidelines.pdf

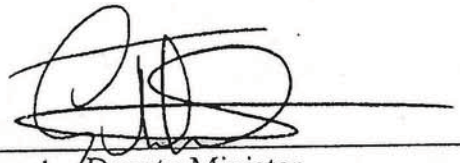
Approved and agreed to this 11th day of April, 2013.



James Gorman, Deputy Minister
Ministry of Education



Stephen Brown, Deputy Minister
Ministry of Children and Family Development



Graham Whitmarsh, Deputy Minister
Ministry of Health

BETWEEN:

The Ministry of Education, the Ministry of Children and Family Development, the Ministry of Health (through Health Authorities), and the Ministry of Justice

REGARDING THE FOLLOWING SERVICES:

SAFE SCHOOLS

I. Background:

Safety is important in all aspects of a child's life - at home, at school, and in the community. This protocol covers safety and schools. It describes how parties to this protocol support British Columbia schools in maintaining a social milieu in which students feel safe, and in which schools are able to focus their attention on teaching, learning and supporting students to achieve their maximum potential.

Interest in the issue of school safety is high - both within British Columbia schools and the wider community. This interest stems, in part, from increasing concern about violence within our communities. It stems, as well, from a recognition that a strong relationship exists between feelings of safety and belonging and a student's ability to learn.

In a school that is safe, caring and orderly, individuals:

- demonstrate attitudes and actions that support an environment that is resistant to disruption and intrusion;
- feel a sense of connectedness and belonging;
- treat one another in positive supportive ways;
- focus on purposeful learning activity;
- know and exercise their rights and responsibilities as school citizens; and
- are free of the fear of harm, including potential threats from inside or outside the school.

Healthy human and social development is one of the primary goals of the British Columbia public school system. The public school system's responsibility for achieving this goal is shared with families and communities.

In circumstances where children and youth demonstrate patterns of behaviour that are aggressive and/or destructive to self or others, they and their families often require additional school and community supports and services.

II. Children Served:

School-aged children enrolled in and attending:

- public schools;
- independent schools (at the discretion of independent school authorities);
- band schools on reserves (at the discretion of band school authorities).

III. Services Provided:

A continuum of prevention, early intervention and crises response supports and services to address the physical safety and social/emotional well-being of children and youth in British Columbia schools is provided through co-operation between and among:

- the Ministry of Education (MEd), through boards of education and participating independent school authorities and band school authorities
- the Ministry of Children and Family Development (MCFD), through relevant MCFD services and, as applicable, Delegated Aboriginal Child and Family Service agencies
- the Ministry of Health (MH), through Health Authorities
- the Ministry of Justice (MOJ) through the Victim Services and Crime Prevention Division, local police agencies, and a variety of youth-focused programs/agencies

The continuum of supports and services includes:

- instruction and assessment of student learning related to physical safety and social/emotional well-being (for example--peaceful problem solving, healthy relationship skills, and respect for diversity);
- development and implementation of regional or local agreements for the provision of prevention, early intervention and crises response supports and services to address the safety and well-being of children and youth in schools;
- relevant information sharing in accordance with the policy and legislative requirements of each ministry, board of education/independent school authority/band school authority, and local police;
- action in accordance with local or regional response plans to reduce the risk for harm to students from within or outside the school environment;
- participation of relevant professionals to assist school staff in addressing the physical safety and social/emotional well-being of children and youth; and
- school-based programs and services to help boards of education/participating independent school authorities promote social responsibility among students, address behaviours and/or incidents that disrupt safe, caring and orderly school environments.

IV. Obligations of each Ministry:

The Ministry of Education

- requires boards of education to establish and implement school codes of conduct in accordance with provisions set out in the *School Act* and Provincial Standards for Codes of Conduct Order;
- provides guidelines and related resources regarding school safety to boards of education/participating independent school authorities and band school authorities to assist them in developing consistent and coherent policies, procedures and practices in their communities;
- provides boards of education/participating independent school authorities with provincially prescribed curricula which set out learning expectations for students with respect to aspects of their social and emotional development;
- provides provincial performance standards against which educators, students and families can assess aspects of students' social and emotional development; and
- provides funding and delegates responsibility to boards of education/participating independent school authorities for special education supports, including counseling, for students with behaviour disorders that impact their own or other's safety.

The Ministry of Children and Family Development

With respect to Child Welfare, Youth and Family Support Services, provides:

- response to child welfare concerns in which a student may be at risk for child abuse or neglect by a parent that are reported by school employees through procedures outlined in The B.C. Handbook for Action on Child Abuse and Neglect (For Service Providers) and Responding to Child Welfare Concerns (Your Role in Knowing When and What to Report).

With respect to Child and Youth Mental Health Services, provides:

- a range of community-based and residential mental health services to help boards of education/participating independent school authorities maintain safe, caring and orderly learning environments;
- early intervention and prevention programs and resources that support the mental health and well-being of students, and the learning outcomes in BC's provincially prescribed curricula;
- programs that treat and support children and youth with mental health problems and disorders that impact their own or other's safety; and
- mental health consultation regarding school-based accommodations and support for students with mental health problems or disorders that impact their own or other's safety.

With respect to Children and Youth with Special Needs, provides:

- a range of intervention and support services for families of children and youth with special needs who require assistance to address challenging behaviours that impact their own or other's safety.

With respect to Youth Justice Services, provides:

- community youth justice services including the supervision of youth subject to court orders and agreements, by youth probation officers;
- youth custody services including facilitating rehabilitation by providing opportunities for healthy growth and pro-social development; and
- youth forensic psychiatric services including mental health assessment and treatment of youth who have become involved in the justice system.

The Ministry of Health

- The Ministry of Health provides funding and/or policy direction to Health Authorities, and delegates responsibility to the Health Authorities for health inspection of schools. Health Authorities will:
  - assign a school medical officer or designate for each school district;
  - respond to concerns regarding the health and safety of a school building raised by the board of education or by the Minister of Health; and
  - report to the board of education and the Minister of Health fully and in detail the results of all inspections and any recommendations.
- through Regional and Provincial Health Authorities, support the development of tools and resources for students, teachers, schools and school districts to promote healthy social/emotional development, positive mental health and well-being and, healthy decisions regarding substance use.

The Ministry of Justice

- through the Victim Services and Crime Prevention Division of the Ministry, provides support to boards of education/participating independent school authorities and participating band school authorities to develop, support, and implement programs and strategies that enhance public safety, local crime prevention, and restorative justice efforts;
- works collaboratively with federal, provincial and local partners to implement prevention strategies to address issues such as youth gang violence, sexual exploitation, and violence against women;
- provides support to key community justice and crime prevention organizations for services to communities throughout British Columbia;
- provides support for the development of volunteer-based community accountability programs that embrace the principles of restorative justice;

- provides support for the Youth Against Violence Line to provide safe, confidential means of preventing and reporting incidents of youth violence or crime or seeking assistance from local police; and
- through local police agencies and youth-focused programs/agencies, works collaboratively with boards of education/participating independent school authorities/participating band school authorities, relevant MCFD programs/agencies and delegated Aboriginal agencies to develop and implement regional or local agreements for the provision of prevention, early intervention and crises response supports and services to address the safety and well-being of children and youth in British Columbia schools.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness[1] including:

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[1] These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – http://www.bced.gov.bc.ca/specialed/

Supporting Information:

- Safe schools related resources www.bced.gov.bc.ca/sco
- Provincially prescribed curricula and standards http://www.bced.gov.bc.ca
- *School Act* http://www.bced.gov.bc.ca/legislation/schoollaw/revisedstatutescontents.pdf
- Provincial Standards for Codes of Conduct Order *(M276/07)* http://www.bced.gov.bc.ca/legislation/schoollaw/e/m276-07.pdf
- Special Education Services: A Manual of Policies, Procedures and Guidelines *(2006)* http://www.bced.gov.bc.ca/specialed/ppandg.htm
- The B.C. Handbook for Action on Child Abuse and Neglect (For Service Providers) http://www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf
- Responding to Child Welfare Concerns (Your Role in Knowing When and What to Report) http://www.mcf.gov.bc.ca/child_protection/pdf/child_welfare_your_role.pdf
- *Freedom of Information and Privacy Protection Act* http://www.bclaws.ca
- *Infants Act* http://www.bclaws.ca
- *Mental Health Act* http://www.health.gov.bc.ca/mhd/mentalhealthact.html
- *Child, Family and Community Service Act* http://www.bclaws.ca
- *Youth Criminal Justice Act* http://laws.justice.gc.ca/en/y-1.5/index.html
- *Criminal Code* http://www.efc.ca/pages/law/cc/cc.html
- *BC Human Rights Code* http://www.bclaws.ca

Approved and agreed to this 11th day of April, 2013.



James Gorman, Deputy Minister
Ministry of Education



Stephen Brown, Deputy Minister
Ministry of Children and Family Development

Graham Whitmarsh / Deputy Minister
Ministry of Health

L. Wanamaker.

Lori Wanamaker, Deputy Solicitor General
Ministry of Justice